

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023233

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

474

FILED JUL 15 1963

## 1. PLACE OF DEATH

a. COUNTY Boone

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Columbia

Length of stay in 1b  
1 hour

c. CITY  
OR TOWN Columbia

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTE Boone County Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1627 Kathy Drive

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First

THOMAS

Middle

BROWN

Last

SMITH

## 4. DATE OF DEATH

Month July

Day 8

Year 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
7-1-1873

9. AGE (last birthday)  
90

IF UNDER 1 YEAR IF UNDER 24 HR.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Farming

11. BIRTHPLACE (City and state or country)  
Howard County Mo

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

James Smith

## 13b. MOTHER'S MAIDEN NAME

Almeda Moon

## 14. NAME OF HUSBAND OR WIFE

Annie Colvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Jim Carl Smith 1627 Kathy Dr.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Bronchopneumonia, right lung

### INTERVAL BETWEEN ONSET AND DEATH

1-2 days

### DUE TO (b)

Cerebral thrombosis, recurrent

Immediate

### DUE TO (c)

Arteriosclerosis

years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture left hip (Clinical diagnosis)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Fell in bathroom, apparently, fainted or

20c. TIME OF INJURY  
Hour 7 a.m.  
Month, Day, Year 7 8 1963

Tripped

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)  
Boone County Nursing Home

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
RFD Columbia Boone Mo.

21. I attended the deceased from Jan 1962 to July 8, 1963 and last saw her live on July 8, 1963  
Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

John Tinsley M.D.

## 22b. ADDRESS

16 So Tenth Columbia Mo

## 22c. DATE SIGNED

7-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
7-10-1963

23c. NAME OF CEMETERY OR CREMATORY  
Old Union Cemetery

23d. LOCATION (City, town, or county) (State)  
Boone County, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Parkers Funeral Service Columbia, Mo.

## 25. DATE RECD. BY LOCAL REG.

July 10 1963

## 26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

EX-100 JUL 1957

Paid  
-Paid

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George A. Rerky

Licensed Embalmer No. 4952

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.